

Nutrition Curriculum Evaluation Pre-Survey

Send this survey with curriculum request form.



1. What grade(s) do you teach? _____

4. Did you use a nutrition curriculum last year?

2. How many students *by grade* do you have in your classroom this year? _____

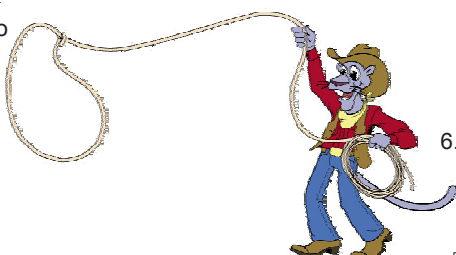
_____ Yes _____ No

If no, please explain.

3. Did you teach nutrition in your classroom last year? *If yes, continue with survey. If no, stop survey and return to Nutrition Policy and Education Unit.*

_____ Yes _____ No

If no, please explain.



5. If you did not use a curriculum provided by the Department of Health and Senior Services, how much did you spend to obtain nutrition curriculum (not supplies) last year? \$ _____

6. On an average, how many hours of classroom time each week last semester or last year was spent on nutrition education? *Check the appropriate box.*

Approximate Hours Spent on Nutrition Education	1 or <	2-3	3-5	6-9	10 or >
Last Semester					
Last Year					



7. Please answer the following questions for **each** nutrition curriculum used last year. Make additional copies of this form as needed. Fill in the requested information in the appropriate blank and circle the number below the response that most accurately describes your experience with each curriculum you used last year.

Name of Nutrition Curriculum: _____

Date Started: _____

Date Completed: _____

What grade(s) did you use this curriculum with? _____

How much did you like this curriculum?

Was this curriculum appropriate for all the children in your class?

5 The Best! 4 A Lot 3 About the Same as Other Curriculum I Have Used 2 Okay 1 Not Very Much 0 Not At All



5 The Best! 4 A Lot 3 About the Same as Other Curriculum I Have Used 2 Okay 1 Not Very Much 0 Not At All

Will you use this curriculum again?

4 Definitely Yes 3 Probably 2 Maybe 1 Probably Not 0 Definitely Not



8. Was this curriculum followed exactly? _____ Yes _____ No
If no, describe the changes made.